NIH UNITE initiative

U Committee Update

June 10, 2022

U Committee Charge

To perform a broad, systematic self-evaluation to delineate elements that perpetuate structural racism and lead to a lack of diversity, equity, and inclusion within the NIH and the external scientific community.

- **Overview**
- Cross-Cutting Observations
- Proposed Solutions

U Committee: Background

- **Purpose: To listen and learn about perspectives and experiences related to racial and ethnic equity in the biomedical research enterprise. The insights provided will help inform ongoing and future efforts of UNITE.**

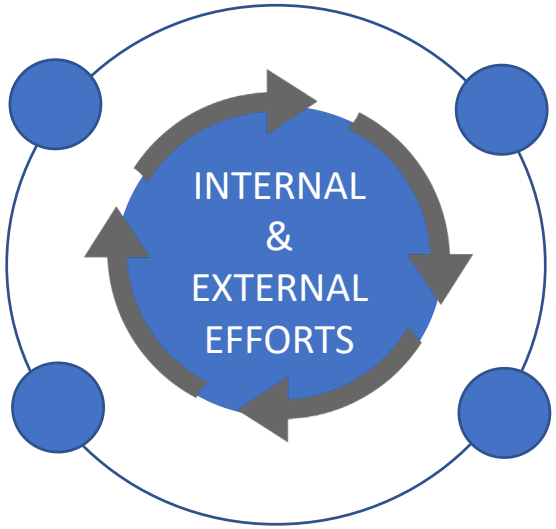
U Committee Framework

ACKNOWLEDGING

The existence of **elements that perpetuate the status quo** in biomedical research both internal to NIH and external community leading to a lack of personal inclusiveness, equity, and diversity of thought

LISTENING

To accounts and experiences related to the charges of the NIH UNITE Committees



CATALYZING

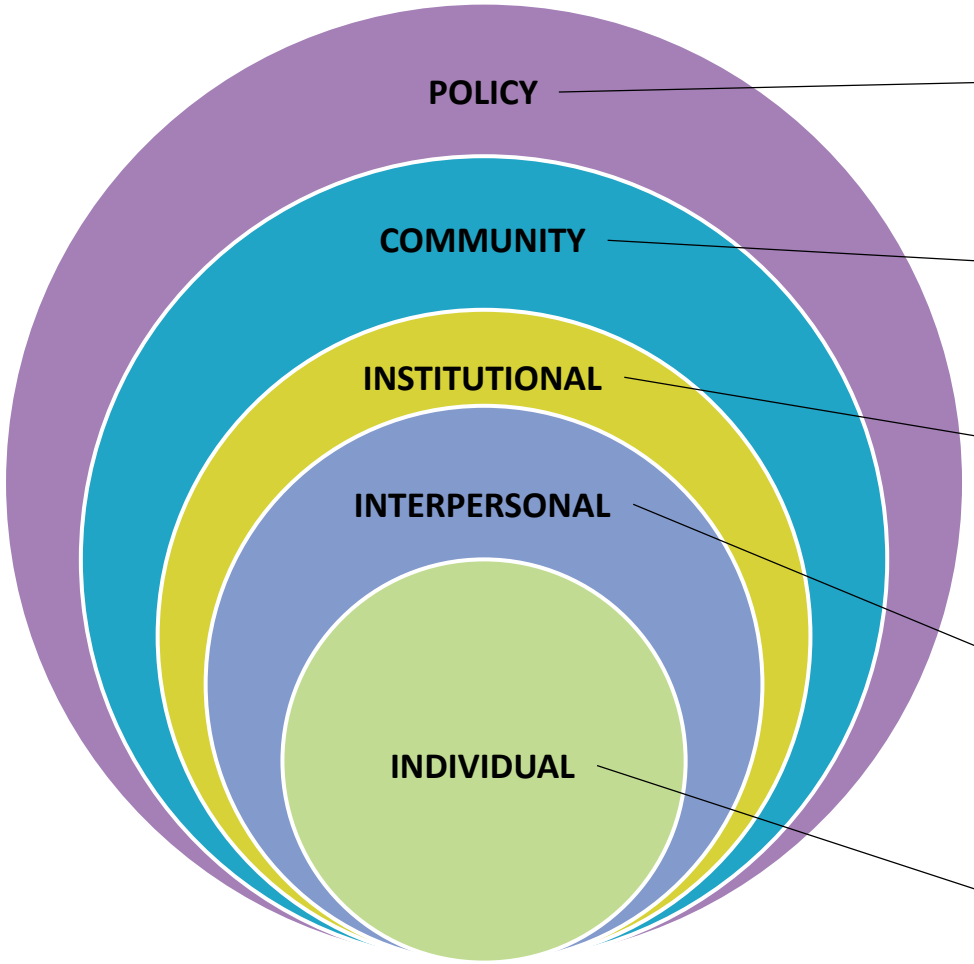
Action, presenting immediate, short-term, medium-term and long-term **recommendations for consideration** by NIH leadership

EVALUATING

The qualitative and quantitative data to inform structural changes, policy changes or additions, budgetary modifications, and programmatic reform ideas

- Request for Information
- Internal Listening Activities
- External Listening Sessions

Approach to External Listening Sessions: Socioecological Model (SEM)



Policies related to research, hiring, Civil rights, federal government, and Congressional requirements

Biomedical research community at large, including researchers, advocacy organizations, patients, etc.

NIH level policies, practices, culture, work environment, fiscal resources, facilities, leadership, and research priorities

Interpersonal experiences *between* various NIH staff and those they interact with in the external biomedical community

Individual experiences, values, beliefs, and demographics of NIH staff (e.g., race/ethnicity, gender, age)

U Committee: Overview

- **Approach to External Listening Sessions**

- **External NIH Community:** Multi-sectoral contributors and/or individuals who have an interest in biomedical research
- **Outreach:**
  - NIH networks, listservs, and social media accounts
  - Direct emails to points of contact (POCs) within and related to target sectors
- **Format:**
  - Virtual sessions held via Zoom with American Sign Language (ASL) interpreters
  - External facilitator to create a safe space for participants
  - Opportunities to speak or provide comments in the chat

U Committee: Overview

Listening Session Engagement - 1,295 Participants

Participant Group	# Attendees
Colleges and Universities	347
Historically Black Colleges and Universities	195
Minority Serving Colleges and Universities	142
Students and Trainees	78
Research Staff (Assistants, Associates, Technicians)	90
Health Centers and Systems	74
Tribal Nations and American Indian / Alaska Native Communities	52
Faith Based Organizations and Houses of Worship	52
Non-Profit Organizations, Community-Based Organizations, Advocacy Organizations	157
Foundations and Professional Societies	108

Overview

Cross-Cutting Observations

Proposed Solutions

U Committee: Cross-Cutting Observations
Listening Session Topics

- State of equity in biomedical sciences
- Challenges in career pathways and workforce
- Practices and policies as barriers to equity
- Challenges in health disparities research
- Challenges in addressing healthcare equity and health outcomes
- Actions and initiatives to address equity at participant institutions
- Proposed solutions for NIH to consider

Summaries of the external listening sessions are available at www.nih.gov/ending-structural-racism/unite-events

STATE OF EQUITY IN BIOMEDICAL SCIENCES

Perceived systemic inequities are vast across the biomedical research ecosystem

Individual	*Interpersonal*	*Institutional*	*Community*
Disparities in NIH Grant Funding Adverse impacts of peer review bias on URM scientists, leading to lower likelihood of funding	**Micro and Macroaggressions** Experiences of discrimination in workplace settings, URM trainees and scientists perceived as less qualified, racial and ethnic minority groups viewed as monolithic	**Disparities in NIH Grant Funding at MSIs** Adverse impacts of bias against MSIs, HBCUs, HSIs, PBIs, and smaller colleges, power differential between PWIs and MSIs	**Emerging Issues** The disproportionate impact of the COVID-19 pandemic among racial and ethnic minority communities laid bare the structural inequities in the healthcare system

"We are still surrounded by a White male environment in the workplace. It is more of what checking the box is what matters and what I am wondering is if there is a mechanism that there is a genuine structural change to foster a more diverse and inclusive environment without instrumentalizing the minority groups that are accepted into those spaces…"

CHALLENGES IN CAREER PATHWAYS AND WORKFORCE

Perceived challenges for underrepresented minority (URM) groups begin with primary education and extend throughout secondary education and professional careers

Limited Pathways

Inadequate K-12 STEM education, limited opportunities for URM graduate-level trainees, and challenges in career development and/or advancement among URM faculty members

Resource Inequities

Smaller, less resourced institutions often lack funds and infrastructure needed to attract and retain trainees and scientists, or to conduct cutting edge science

Lack of Representation and Mentorship Opportunities

- **Few role models** for youth and early-career scientists *(limits entry)*
- **Few URM mentors / sponsors** *(limits advancement)*

Minority Tax

URM scientists are often "taxed" with solving EDI problems, providing education around race and ethnicity, detracting from their science, and without compensation or recognition

"We need to be intentional about giving opportunities and give Black students who are really interested in these pathways. It has to be more holistic about how we treat our youth. How do we remove these barriers for our youth? There was an intentional move to build these barriers, so we must be as intentional to break down those barriers that were built."

PRACTICES AND POLICIES AS BARRIERS TO EQUITY

Perception that NIH funding structures disadvantage URM scientists and Minority-Serving Institutions

Complexity in NIH Grant Submission System

Complicated NIH grant application process creates disadvantages for less resourced MSIs with limited research infrastructure

Bias in Scientific Review

The lack of racial and ethnic diversity on grant review panels, inconsistent review critiques, and devaluing of health disparities research results in (often) unintentionally biased scoring and funding decisions

Bias Toward MSIs/HBCUs

Perceived inadequacies in MSI/HBCU environment, qualifications; and application requirements that facilitate discrimination and reinforce implicit biases

Few Infrastructure Support Opportunities

Most grant mechanisms exclude resources for infrastructure and capacity-building, which facilitates funding inequities

"The scoring criteria favors [R1 and R2 institutions], folks who have established reputations and a history of cited research. When they talk about the team and research environment, they are not talking about people like me who serve communities of color."

CHALLENGES IN HEALTH DISPARITIES RESEARCH

Perceived need to increase funding for meaningful health disparities research that serves community needs

Acontextual Health Disparities Research

A lack of diversity, limited health disparities expertise ("health disparities tourism"), and lack of cultural knowledge within the research teams

Need for CBPR*

Importance of early and continuous engagement of community collaborators, equitable compensation, address community needs, provide support to ensure sustainability and improve outcomes

Data Aggregation

Combining data from diverse racial and ethnic groups, such as Latino/Hispanic and AANHPI* populations presumes subgroups have same needs and obscures between group differences

Culturally Incompetent Communication

Use of complex terminology, not translated into multiple languages, ineffective patient-clinician communication, reduces inclusion in clinical research

"Some in the field are starting to use the term 'context expert' to signify that many are experts in their own community, condition, context, culture, etc. And they advocate for 'context experts' to be paid just as much as 'content experts.'"

*CBPR = Community Based Participatory Research
*AANHPI = Asian American, Native Hawaiian, and Pacific Islander

CHALLENGES IN ADDRESSING HEALTHCARE EQUITY AND HEALTH OUTCOMES

Perceived barriers and biases reduce the quality of healthcare and outcomes among racial and ethnic minority patients

Lack of Patient Advocacy

The healthcare system can put the onus of advocacy on the patient, yet community members are often unaware of how to advocate effectively for themselves or others; patient navigation is needed

Diverse Representation on Medical Teams

Racial and ethnic underrepresentation within fields of medicine may deter help-seeking, maintain implicit and explicit biases, and negatively impact health outcomes

Lack of Cultural Humility

Medical professionals often lack knowledge about the patients they serve may not understand the nuances within communities, historical impacts, and reasons for distrust of healthcare systems

Adverse Social Determinants of Health

Challenges such as transportation, limited patient access to medication, treatment, and other health-related resources can negatively impact outcomes

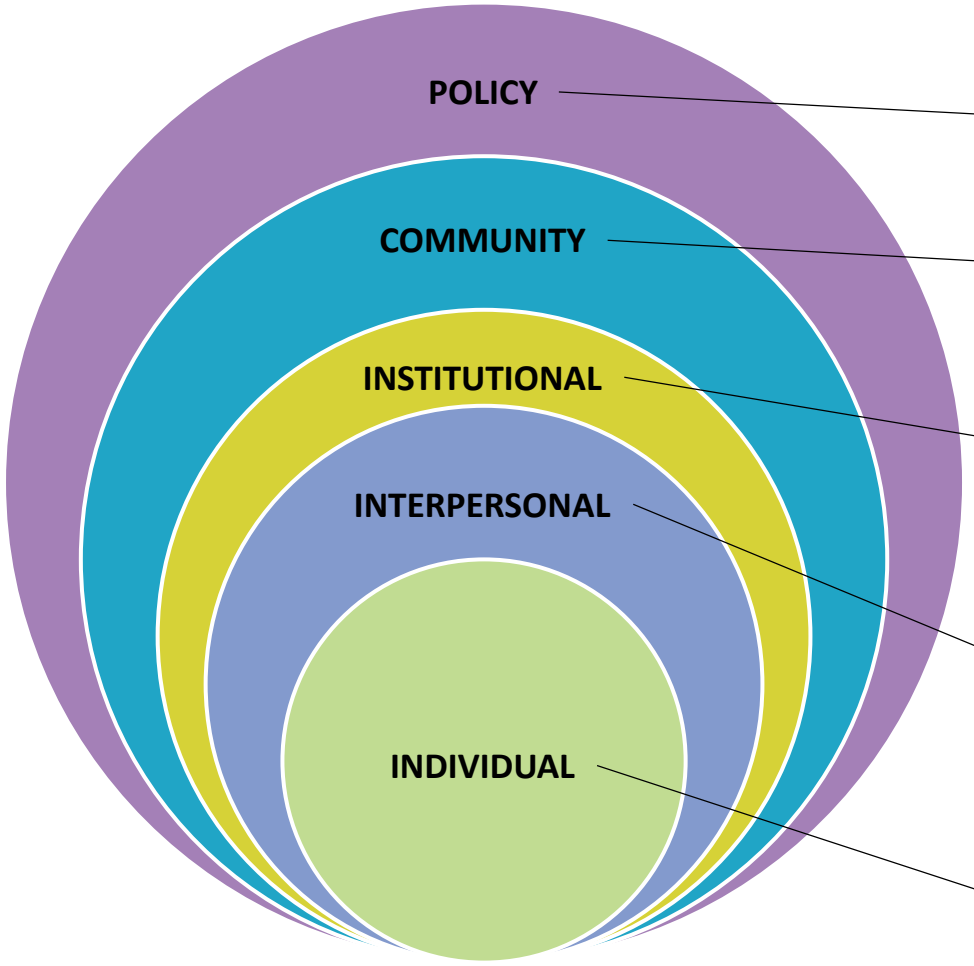
"It is important to have increased representation in all medical fields. Clinical and non-clinical fields within a healthcare setting. That is one of the biggest obstacles we have faced in health equity work. It is hard to address implicit bias when we don't have workers who look like the population they serve."

Overview

Cross-Cutting Observations

Proposed Solutions

Socioecological Model (SEM)



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REPORTED ACTIONS AND INITIATIVES TO ADDRESS EQUITY AT PARTICIPANT INSTITUTIONS

- **Individual Level**
  - Instituted initiatives and trainings to increase the cultural competency of staff
- **Interpersonal Level**
  - Incentivized and supported faculty, staff, and students to engage in EDI initiatives
  - Implemented EDI models, discussions, initiatives, and centers to address structural racism
- **Institutional Level**
  - Redesigned recruiting and hiring practices to be more inclusive, including implementing cluster hiring
  - Improved data and metrics on social determinants of health and shared information back with communities
  - Augmented mentorship programs to support skill-building, relationship development, and research funding
  - Focused on building capacity and infrastructure at their institute, identifying appropriate funding opportunities
- **Community Level**
  - Hired participant recruitment specialists and translators to engage communities in their own language
  - Piloted CPBR studies, enabling research teams to immerse themselves in the community
  - Leveraged virtual platforms and networks to engage communities
  - Enhanced networks by establishing partnerships with other institutions, government agencies, and communities

PROPOSED SOLUTIONS FOR NIH

- **Institutional**
  - Require EDI report cards from grantees and prospective grantees
  - Monitor grantee EDI inputs and results to hold them accountable to their grant proposals
  - Implement more cluster hiring and mentorship programs to support URM researchers, staff, and students
  - Change the requirements, incentive structure, and timelines for NIH grants funding to support capacity building
  - Institute appropriate implicit bias training for grant reviewers and other key decision-makers
  - Invest in more health disparities and community-based participatory research (CBPR) studies and training
- **Community**
  - Leverage virtual platforms established during COVID-19 to engage with communities
  - Collect, disaggregate, track, and share data to identify gaps and progress in addressing structural racism
  - Promote more visibility into historical and current diverse trailblazers within the biomedical sciences
  - Appoint designated cultural liaisons at NIH and NIH-funded campuses to provide education and awareness
  - Conduct outreach to diverse K-12 and undergraduate (non-R1) institutions to engage them in STEM
  - Pair R1 and smaller institutions for grant application mentorship, establishing a mutually beneficial partnership
  - Create community-forums to serve as the connector between researchers, organizations, and communities

‘U’ Committee Membership

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